

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 01601603 FILING DATE 10/2/00  
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	1						51			
2		1					52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61			
12		1					62			
13							63			
14							64			
15							65			
16							66			
17							67			
18	1						68			
19		1					69			
20							70			
21							71			
22							72			
23							73			
24		1					74			
25							75			
26							76			
27							77			
28							78			
29							79			
30							80			
31							81			
32		1					82			
33							83			
34							84			
35							85			
36	1						86			
37		1					87			
38							88			
39		1					89			
40							90			
41		1					91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	3						TOTAL IND.			
TOTAL DEP.	38	↓	↓	↓			TOTAL DEP.	↓	↓	↓
TOTAL CLAIMS	41						TOTAL CLAIMS			